EXHIBIT 3
DATE 3/11/11
HB HB161

Testimony In Favor of House Bill 161: Repeal Medical Marijuana

From: Kristin Lundgren, M.Ed.
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2920 2nd Ave N
Billings, Montana

Date: March 11, 2011

Honorable Members of the Senate Judiciary Committee,

I have worked in the field of substance abuse prevention for ten years in Montana and with youth for over twenty. I am asking you to vote YES to medical marijuana repeal. Please consider some facts about the ballot initiative and potential reform bills, and also some facts about youth marijuana use in this state.

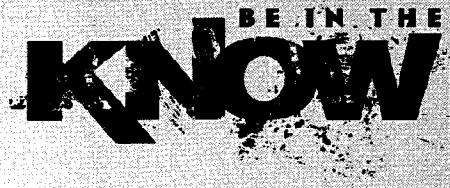
About the Ballot Initiative and Reform

- The ballot initiative which brought us medical marijuana stated that patients would be "under medical supervision." I believe most voters in Montana are surprised to learn that in this case "under medical supervision" means that a physician certifies that someone has a medical condition for which the benefit of marijuana might outweigh the risk of harm from marijuana. Medical Marijuana cards are then given out by government employees at DPHHS, not by a doctor, nurse, or pharmacist. The people who actually supervise the dosage and delivery of the marijuana are also not doctors or nurses or pharmacists, but caregivers. To be a caregiver you must be 18 and not have a felony criminal drug record. A patient can be their own caregiver or appoint one.
- Nothing in the reform bills changes the fundamental fact that physicians cannot prescribe marijuana and pharmacists cannot dispense it. Therefore, no matter how much reform you put into place, there will still need to be a separate system in Montana to grow, dose, and dispense marijuana.
- There will be a need for a regulatory body to oversee this industry.
- This costs money. The ballot initiative said there would no measureable cost to state government from the approval of this initiative.
    - Reform bills indicate that the costs of regulation will be covered through fees paid by the industry.
    - Since I also work in the field of underage drinking prevention, I can say with certainty that alcohol industry taxes and fees in no way pay completely for regulation and enforcement of alcohol laws, nor for the prevention of illegal alcohol consumption (such as underage drinking), or for the harms caused by alcohol misuse and abuse (such as DUIs, health consequences, addiction, and alcohol-related domestic violence).
    - If you think reform will solve the medical marijuana issues in our state, please consider how much you want to grow government and *all* the costs associated with enforcement and prevention, not just the cost of getting licenses processed and inspecting businesses.

About youth and marijuana in our state:

- Montana has the fourth highest rate of substance abuse addiction and abuse for youth age 12-17 in the country (2008 National Survey on Drug Use and Health).
- The majority of youth who are in treatment in Montana are in treatment with a primary addiction to marijuana, and the percent of youth in treatment with an addiction to marijuana has been growing (SAMHSA State Treatment Episode Data).
- As a prevention specialist, I have for years tracked key indicators around youth substance abuse issues in Montana and Yellowstone County where I work. In the science of prevention we look for clusters of risk factors which have been proven through longitudinal studies to be predictive of youth substance abuse. Clusters are important. The risk and protective framework for substance abuse prevention, and the importance of clusters, is easy to understand if you think about the risk and protective model for heart disease. We could all name the risk factors for heart disease, and we all know that the more you have, the more likely you are to have heart disease. We also know that just because you have them doesn't mean you *will* have a heart attack, or that those with no risk factors won't drop dead of one. However, in general, if you have a cluster of risk factors for heart disease, you have reason to be concerned.
- **Right now in the state of Montana we have a cluster of risk factors which science tells us put youth at higher risk for the use and abuse of marijuana.** These include:
    - Increased availability of the drug, and youth perception that the drug is easy to get. This risk factor increased between 2008 and 2010.
    - The perception that the drug is not harmful: between 2004 and 2010 youth perception that smoking marijuana regularly puts them at *great risk* decreased and the perception that it puts them at *no risk* increased.
    - The perception of parental disapproval if they use the drug was holding steady, but between 2008 and 2010 the number of youth who say their parents would say it is *wrong or very wrong* for them to smoke marijuana decreased. The number who say their parents would say it is *not wrong at all* or only *a little bit wrong* increased.
    - The number of youth who say they have zero friends who use marijuana also decreased from 2008-2010.
    - Not surprisingly between 2007 and 2009, we saw the first indicators that actual youth marijuana use was increasing on the Youth Risk Behavior Survey (this survey is conducted in odd years in schools)
    - This increase also showed up the Montana Prevention Needs Assessment between 2008 and 2010 (this survey is conducted in even years in schools).

If I were a pediatrician and saw a cluster of youth presenting with the same cluster of symptoms, I would begin to look at the environment around these youth and ask if there are any factors in the environment which could be contributing to or causing their symptoms. We must do the same with the cluster of risk factors emerging around youth marijuana use in our state. For many years in Montana, youth marijuana use and risk factors for marijuana use were declining. This is no longer the case. In fact, between 2007 and 2010 all the risk factors, as well as consumption, increased. Why?



Facts About Medical Marijuana in Montana

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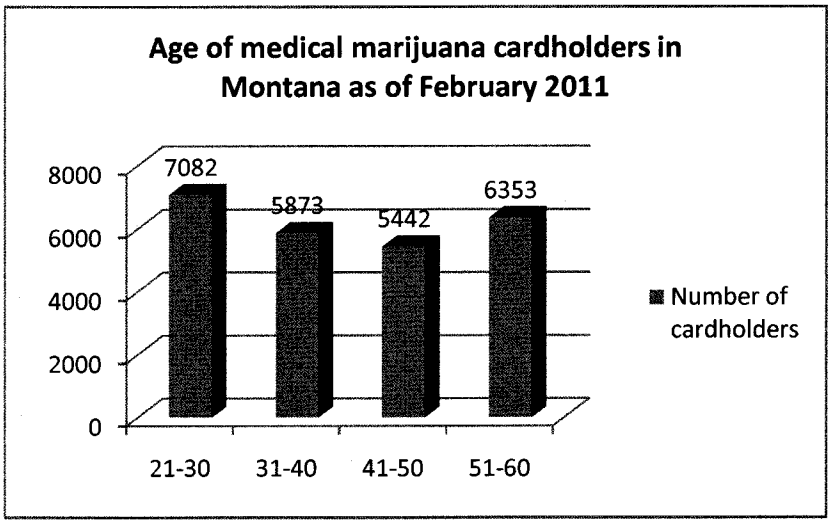
Who is using medical marijuana?

As of February 2011:

- There are 28,362 medical marijuana cardholders in Montana.
- This represents 2.86% of the population. Of all the medical marijuana states, Montana has the highest percentage of its population enrolled as card holders. The next closest to Montana is Oregon where .95% of the population are card holders.
- The average age of a cardholder is 41 years old.
- The largest population of cardholders are between 21-30 (7,082 people).
- The number of cardholders in Montana has risen from 6,032 in 2009 to 28,362 in 2011.



Source: Mark Long, Executive Director, Montana Narcotics Officers Association

Drugged Driving and Marijuana

- In 2007/2008 there were 62 fatalities where blood THC content was the contributing factor[1].
- From 2007-2009 drug-impaired driving increased significantly, especially driving under the influence of central nervous system depressants (not alcohol), *and* driving under the influence of cannabis[2].
- In 2009, 44% of drug impaired drivers had cannabis in their system[3].


Gazette

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Court date set for driver in crash that hurt mother-to-be

Story Discussion

A Billings man accused of being under the influence of marijuana when his pickup truck hit a car driven by a pregnant woman is scheduled to be arraigned Tuesday in District Court.

Matthew Murray Kewitt, 23, will appear before Judge Russell Fagg for arraignment on a felony charge of vehicular homicide. Kewitt is charged with an alternative count of negligent homicide and a third count of negligent vehicular assault.

Kewitt is not in custody and is expected to appear voluntarily to enter a plea to the charges.

Prosecutors filed the charges last month for the March 7 collision near the intersection of Central Avenue and Floweree Lane. The charges allege Kewitt was under the influence of marijuana when he turned his truck into a car driven by 18-year-old Alyssa Kline, who was seven months pregnant.

After the crash, Kline's child was delivered by emergency Caesarean section but died nine days later. Kline suffered serious and potentially permanent injuries.

[1] Montana Forensic Science Division (State Crime Lab). Traffic Related Data. From a presentation by Mark Long, Executive Director, Montana Narcotics Association.

[2] Overview of Montana's Impaired Driving Problem 2010. Updated July 2010. Montana Department of Transportation.

[3] Overview of Montana's Impaired Driving Problem 2009. Montana Department of Transportation.

Ballot Initiative 148

- 62% of Montana voters said YES to medical marijuana in 2004.

- In 2004, the Marijuana Policy Project of Washington D.C. contributed $554,505 (99.9% of the funding used) to promote Ballot Initiative 148 to Montana voters. Other funding for Ballot Initiative 148 came from Oklahoma ($100), Oregon ($50), and Bozeman ($35)[4].
    - The vision of the Marijuana Policy Project is to legalize marijuana for recreational use: "MPP and MPP Foundation envision a nation where marijuana is legally regulated similarly to alcohol,...."[5]

- Ballot Initiative 148 stated that patients would be under medical supervision.
    - Physicians and pharmacies cannot supervise medical marijuana dosage or dispensing because marijuana is a Schedule I drug, and has not been approved through the FDA process as medicine. This makes it illegal for physicians and pharmacists to prescribe marijuana and for pharmacists to dispense it. Physicians do certify that a patient has a condition where the benefit of medical marijuana may outweigh the risk of using it.
    - "Caregivers" are actually responsible for dispensing and dosing medical marijuana.
    - To be a "caregiver," one must be 18 years old and not have a felony criminal record. A patient can be their own "caregiver" or appoint a "caregiver."
    - Even if the law is reformed, the system for growing, dispensing, and dosing marijuana will not be the medical system that we use for dispensing or dosing FDA approved medications. It will, instead, be the medical marijuana patients and/or business owners.

- The Ballot Initiative stated that there would be no measurable cost to state government from the approval of this initiative.
    - Current medical marijuana bills before the Montana House and Senate *all* have fiscal notes attached.
    - Reform bills anticipate that the costs will be covered through fees assessed on the marijuana industry.
    - Both the alcohol and tobacco industries are heavily taxed and the fees from these industries in no way cover the cost of harm from the abuse of these legal substances.

[4] www.followthemoney.org
[5] www.mpp.org

Official Language for Ballot Initiative 148

This initiative would allow the production, possession, and use of marijuana by patients with debilitating medical conditions. Patients could use marijuana under medical supervision, to alleviate the symptoms of conditions including cancer, glaucoma and HIV/AIDS, or other conditions or treatments that produce wasting, severe or chronic pain, severe nausea, seizures, severe muscle spasms, or other conditions defined by the State. A patient or patient's caregiver could register to grow and possess limited amounts of marijuana by submitting to the State written certification by a physician that the patient has a debilitating medical condition and would benefit from using marijuana.

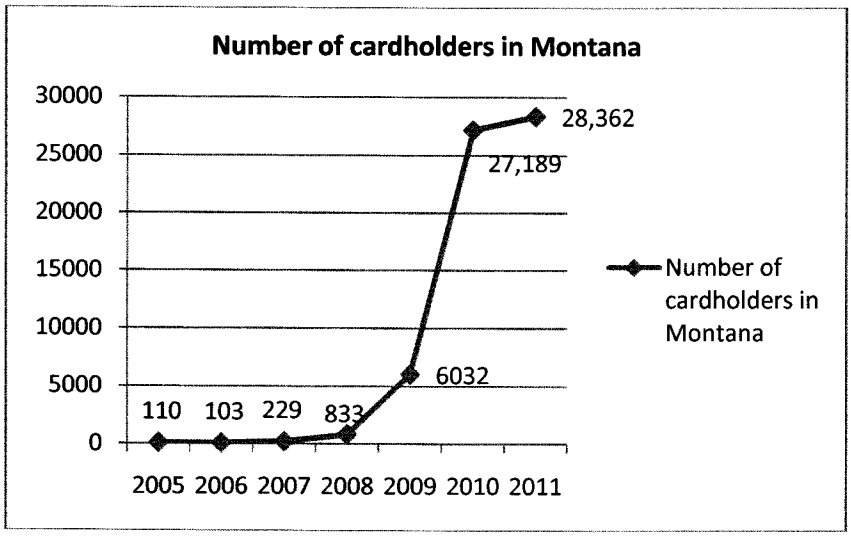
There would be no measurable cost to state government from the approval of this initiative.

[] FOR allowing the limited use of marijuana, under medical supervision, by patients with debilitating medical conditions to alleviate the symptoms of their conditions.

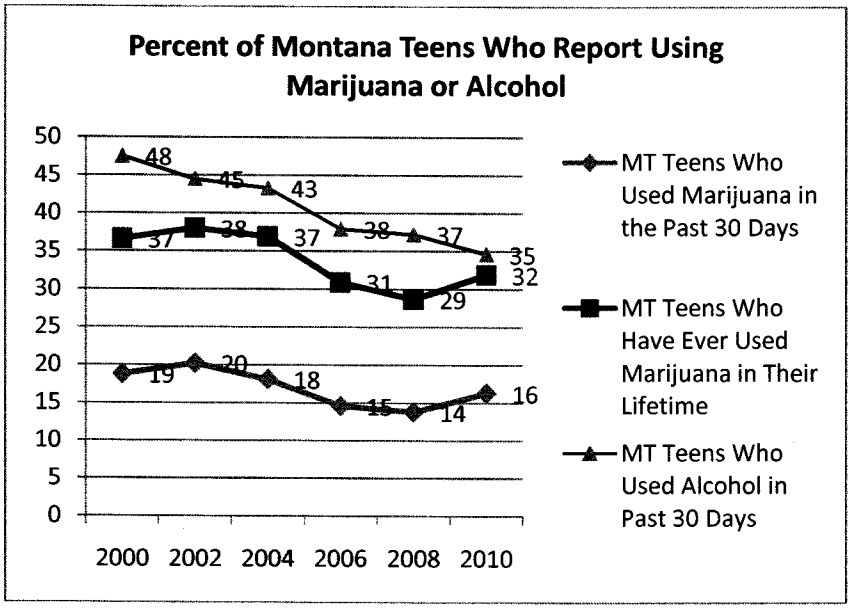
[] AGAINST allowing the limited use of marijuana, under medical supervision, by patients with debilitating medical conditions to alleviate the symptoms of their conditions.

Source:
http://sos.mt.gov/elections/archives/2000s/2004/2004-VIP.pdf

Marijuana Trends In Montana



Source: Mark Long, Executive Director, Montana Narcotics Officers Association



Alcohol use among teens has steadily decreased since 2000.

Why has teen marijuana use in Montana increased since 2008?

Marijuana outlets blossomed after Attorney General Eric Holder announced that federal prosecutors should not investigate/prosecute cases that are in compliance with their own state's medical marijuana laws. In Billings, MT 25 outlets appeared between the fall of 2009 and May 2010.

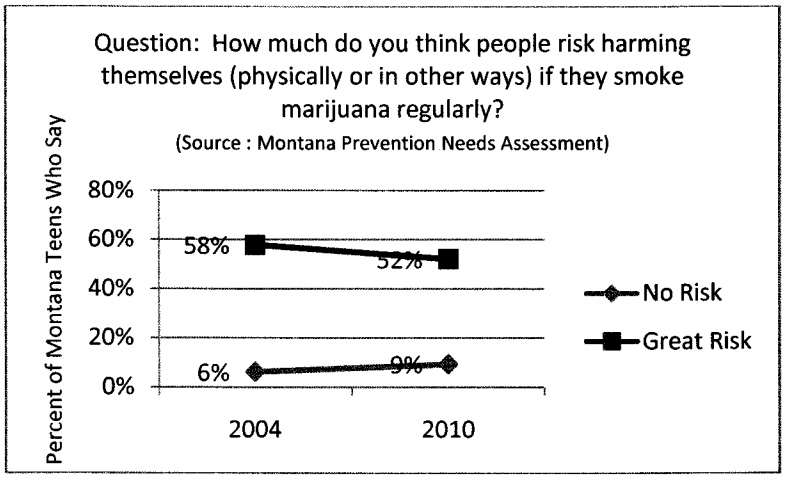
What do the trends say?

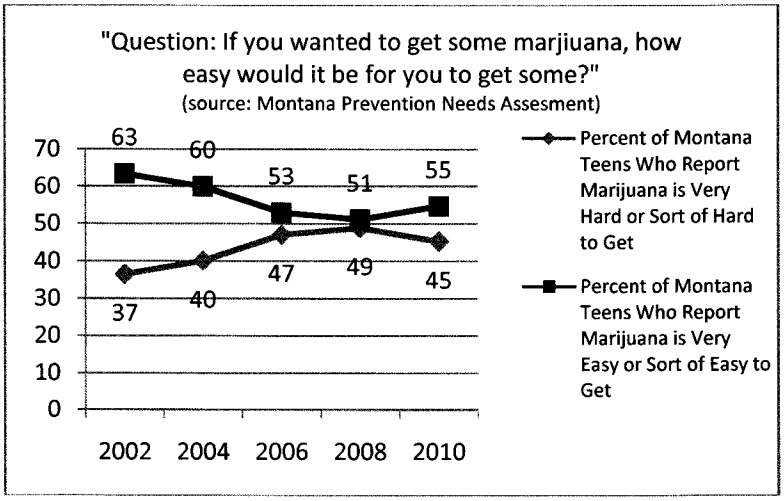
- From 2000-2008, science-based prevention efforts in Montana resulted in **declines** in youth marijuana use, underage drinking, and tobacco use.
- From 2008 -2010 youth substance abuse prevention efforts continued; however youth marijuana use **increased** while youth tobacco and alcohol use continued to decline.
- The increase in youth marijuana use corresponds to an increase in the visibility and availability of marijuana, as illustrated through the increase in cardholders and businesses.

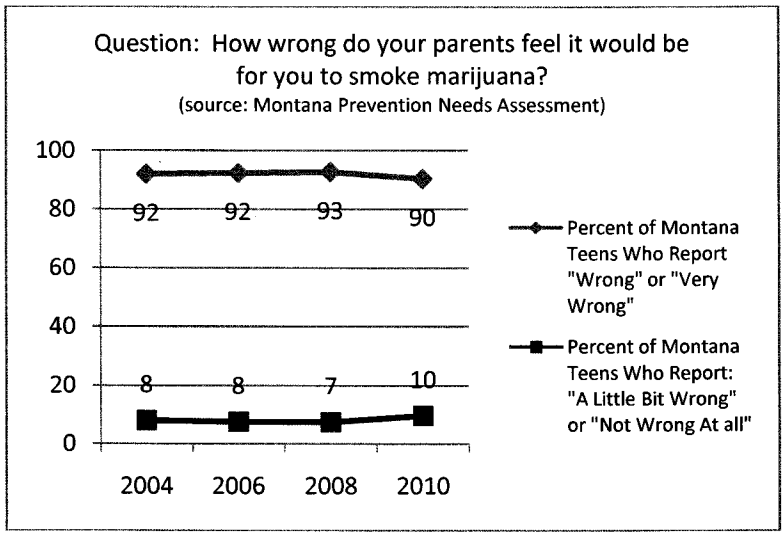
The information on youth use patterns come from scientifically designed and reliable instruments:

1) *The Montana Prevention Needs Assessment is conducted by the MT Department of Health and Human Services, Addictive and Mental Disorders Division, Chemical Dependency Bureau. The survey is completed by 16,500 – 18,500 students each time it is administered.*
2) *The Youth Risk Behavior Survey is a Center for Disease Control instrument, administered to a random sample of high school students in Montana in odd years.*

Risk Factors for Youth Marijuana Use in Montana







According to scientific research four of the most influential factors in a teen's decision to use or not use alcohol, drugs, or tobacco are:

1) *The perceived risk of harm from using the substance.*
2) *The perceived availability of the substance.*
3) *The perception of parental disapproval of the substance.*
4) *Friends use of the substance.*

IN MONTANA

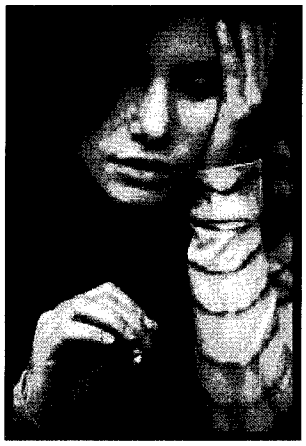
Teen perception of the risk of harm from smoking marijuana has decreased since 2004.

Teen perception of availability was decreasing but in 2008 that trend started to reverse.

Teen perception of parental disapproval for teens smoking marijuana was holding steady, but in 2008 began to decrease, with more teens reporting their parent would not think it was wrong at all, or only a little bit wrong, for the teen to smoke marijuana. Fewer teens reported their parent would feel it was wrong or very wrong for the teen to smoke marijuana.

What those who work with adolescents are seeing:

A middle school principal's story:



"We had a 6th grade boy bring a fairly large bag of freshly cut marijuana that he clipped from his dad's plants that morning. Through discussions on the school bus, some older boys became aware that his dad was a provider and that he had several plants in the house. They offered him 50 dollars for a bag and of course, being a 12 year old boy, wanting to be liked by older kids, he came through for them. The bag was probably 4 - 5 ounces and according to the deputy that handled the case, was 'top quality.'

My interview with the young boy was what surprised me. He was completely convinced that there was a difference between medical marijuana and street marijuana...both legally and chemically. He was pretty sure that he wouldn't get in trouble because, after all, it was medical and WAS legal. Unfortunately, the young man was expelled and had to move out of [our school district] to attend a school. He was almost denied attendance in [another school district], but the dad relinquished his parental rights and the boy had to move in with relatives.

Overall, I have recorded a triple number of marijuana infractions since the law passage as compared to previous years. But again, my biggest concern is the attitude and shift in family beliefs that we are now experiencing. As educators we find ourselves in very difficult conversations with kids and sometimes parents. It is NOT the same type of conversation we may have with kids about prescription drugs and medical care. Kids know it's easy to get a card and almost everyone now knows someone with a card. I personally believe it has doubled the usage by young teens, if not a higher percentage. It's a very difficult battle that we were not prepared for and I'm not sure we will ever win."

Due to the criminal case in this story, the principal asked not to be named in order to protect the identity of the child.

A Father's Story

"As a freshman my son began leaving campus at lunch time with some 18 year olds. One of them had a medical marijuana card and offered to share his marijuana with his friends. My son accepted. After going through three treatment programs at a minimum cost to us of $8,000 and a cost to the state of $15,000, he has dropped out of treatment (and high school) and continues to use. His behavior was influencing our two younger children, and we had to tell him to leave our home. He has told me that at least half of the pot he smokes is medical marijuana that he gets from friends. They smoke half and sell the other half. ***Brent G, father of three- Missoula***

What have treatment professionals noticed?

"It seems that this biggest concern is the perception that marijuana is acceptable and not actually a drug:

We had one boy who was using marijuana daily because his father had a card. He was caught at school with pot and suspended. The father refused to put the boy into treatment because of the perception that marijuana won't hurt anyone. His son dropped out of school.

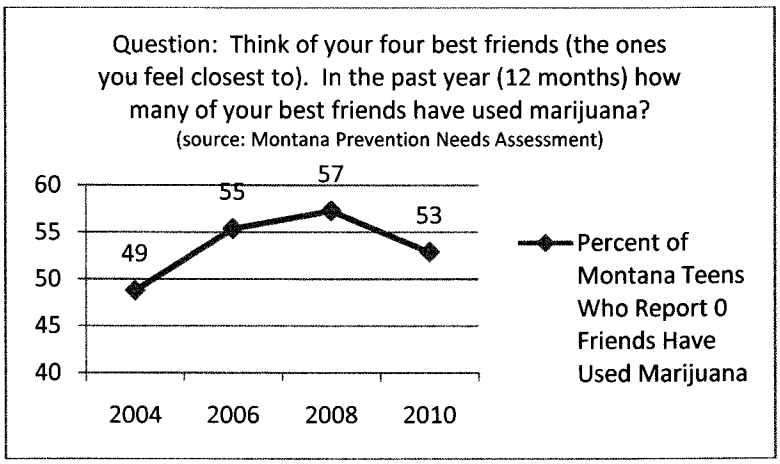
A 17 year old female completed treatment and returned home to her father, who has a MM card. He had begun growing throughout his house and she had nowhere to live."

Medical marijuana cards give those who have been previously addicted to a substance a way to use without intervention:

"We had a 16 year old female who successfully completed treatment for sobriety. However, when she turned 18 she got her card, followed by her brother who also got his card at 18. Their mother was extremely frustrated that she had "lost" them after so many years of sobriety."

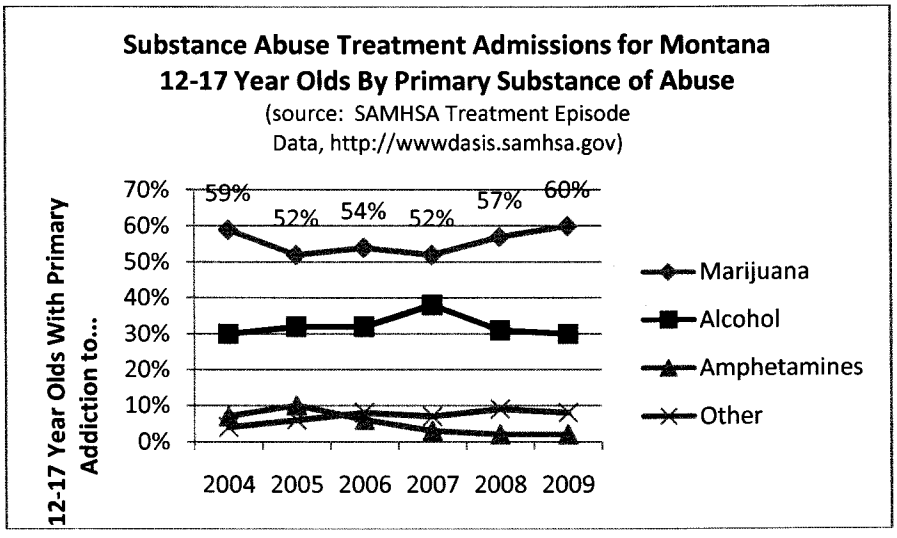
Cases compiled by
Coralee Goni
Clinical Services Supervisor
Rimrock Foundation
February 2011

Risk Factors for Youth Marijuana Use Continued



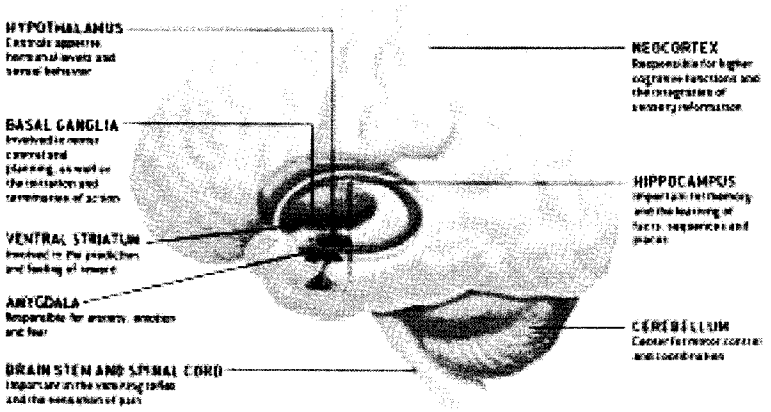
The number of Montana teens reporting they have 0 friends who used marijuana was increasing, but decreased between 2008 and 2010.

Montana Youth in Chemical Dependency Treatment



- *The primary substance of abuse for Montana teens has always been marijuana.*
- *The percent of youth with a primary addiction to marijuana has been increasing since 2007.*

Impact on the Brain



When marijuana is smoked, its active ingredient, THC, travels throughout the body, including the brain, to produce its many effects. THC attaches to sites called cannabinoid receptors on nerve cells in the brain, affecting the way those cells work. Cannabinoid receptors are abundant in parts of the brain that regulate movement, coordination, learning and memory, higher cognitive functions such as judgment and pleasure.
Source: NIDA Research Report Series –Marijuana Abuse, 2010

- Researchers have discovered between the 8th grade and high school graduation, a teen undergoes visible external changes matched by biological changes on the inside, particularly in the brain. Experiences during this period of intense developmental activity, more than at any other time, physically shape the brain's neural networks and have a huge impact on how the brain gets wired[6]

- From 11 years to 16 years, a child develops abstract thinking. Current science links exposure to marijuana and other drugs with lasting effects on brain development, including addiction and learning and memory problems.[7 8]

- A teenage marijuana user's odds of dropping out are more than twice that of a non-user[9].

Areas of the brain and marijuana's effects:

- *Marijuana changes the normal patterns of blood flow and impairs decision-making abilities. This can lead users to engage in risky behaviors they wouldn't ordinarily do.*

- *The THC in marijuana interferes with the functioning of the cerebellum, impairing coordination, balance, fine motor skills and reaction time. This is why driving under the influence of marijuana is so dangerous.*

- *Exposure to THC disrupts the hippocampus, making it hard to learn and remember new information.*

- *The reward circuits in the limbic system (the thalamus, hypothalamus, pituitary gland, hippocampus and amygdala), build memories of what things give us pleasure. This is the root of addiction: "drugs can end up 'hijacking' the entire brain's reward system. When this happens the person feels the compulsive need for more drugs just to feel normal, and a lack of satisfaction from previously pleasurable activities."*

[6] Walsh, D. (2004) "Why Do They Act That Way? A Survival Guide to the Adolescent Brain for You and Your Teen." Free Press: New York, NY
[7] Ibid
[8] Volkow, ND (2010) "Marijuana Abuse," Research Report Series, National Institute on Drug Abuse
[9] "How Marijuana Affects Learning," Parents- The Anti Drug, accessed at http://www.theantidrug.com/drug-information/marijuana-facts/how-marijuana-affects-learning.aspx

Source: theantidrug.com

Youth Marijuana Use in Medical Marijuana States

According to the 2009 Youth Risk Behavior Survey, Montana ranks #6 in the nation for teen marijuana use.

States With Highest Rates of Youth Marijuana Use[10]

Ranking	State	Percentage of teen who have ever used marijuana	Medical marijuana law
1	Alaska	44.5	1999
2	Delaware	42.8	No Med Mar
3	Arizona	42.8	2010
4	Colorado	42.6	2001
5	Massachusetts	42.5	No Med Mar
6	**Montana**	**42.2**	**2004**
7	New Hampshire	40.5	No Med Mar
8	Hawaii	40.2	2000
9	Rhode Island	39.9	2006
10	Nevada	39.5	2000

The top 10 worst states for prevalence of teen marijuana use include seven medical marijuana states[11].

States which permit medical marijuana use rank among the worst for:

- *children trying marijuana before the age of 13*
- *drug addiction and abuse for children ages 12-17*

AGE OF FIRST USE MATTERS

- *Teens who use drugs prior to the age of 15 are three to five times more likely than those who postpone initiation until 21 to have substance abuse related problems and dependence[12].*
- *Seven of the top ten states with the highest number of youth using before the age of 13 are medical marijuana states [13].*
- *Montana's children rank 9th in the nation for the most youth who have tried marijuana before they were 13.*

DRUG ADDICTION

- *Ten of the top twenty states for highest rates of drug addiction and abuse for 12-17 year olds are medical marijuana states[14].*
- *Montana has the 4th highest rate of youth addiction and abuse in the country[14].*

[10] 2009 Youth Risk Behavior Survey

[11] Ibid.

[12] Odgers, Candice L. Caspi, Avshalom, Nagin, Danile S.; Piquero, Alex R., Sutske, Wendy Sl, Milne, Barry J., Discon, Nibel; Poulton, Richie; Moffit, Terrie E. (2008). Is It Important to Prevent Early Exposure to Drugs and Alcohol Among Adolescents? Psychological Science, 19(10): 1037-1044.

[13] 2009 Youth Risk Behavior Survey.

[14] Substance Abuse and Mental Health Services Administration (SAMHSA), State Estimates from the 2007-2008 National Survey on Drug Use and Health.